

2640

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 121
Registered No. 121

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Arthur Chiono

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate? <u>Yes</u>	7. Date of birth <u>June 15, 1908</u> Month Day Year
		5. No., in order of birth		

8. FATHER
Full name John Chiono
9. Residence
(Usual place of abode) Globe, Arizona
If non-resident, give place and state.
10. Color or race
White
11. Age at last birthday 38 (Years)
12. Birthplace (city or place) Sale Castelnuevo
(State or country) Italy
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Francesca Chiono
15. Residence
(Usual place of abode) Globe, Arizona
If non-resident, give place and state.
16. Color or race
White
17. Age at last birthday 37 (Years)
18. Birthplace (city or place) Sale Castelnuevo
(State or country) Italy
19. Occupation
Nature of industry Housewife

20. Number of children of this mother <u>6</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>2</u> (c) Stillborn	21. Were precautions taken against oph- thalmia neonatorum? <u>Yes</u>
--	---	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:00 P. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Mrs. Dannie Bracco
Midwife
(Physician or midwife).

Given name added from
a supplemental report _____
Month, day, year

Address Globe, Arizona

Filed 7-21- 1931 H. E. Long
Registrar